

UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF MASSACHUSETTS

DEPOSITION OF CHRISTOPHER B. COLWELL, M.D.

Wednesday, November 8, 2017

REPORTED BY:

CELIA A. ZARATE, RPR, CSR NO. 10769

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1 on paying attention to visual cues when you're taking  
2 care of trauma patients.

3 Q. Understood. I will show you what we have marked  
4 as Exhibit 3 to your deposition, and ask you if you can  
5 identify that as a copy of the document that you brought  
6 with you today, and that you referred to as your paper in  
7 this matter.

8 A. Yes.

9 Q. And on the fifth page of that document, is that  
10 your signature?

11 A. Yes.

12 Q. And is this the entire report, along with the CV  
13 that you've provided, that you have provided in this  
14 case?

15 A. Yes.

16 Q. Would you agree there are no authorities cited  
17 in your report?

18 A. Yes.

19 MR. COLLINS: Objection.

20 Q. BY MR. SWEENEY: And would you also agree there  
21 is not a list of materials in your report upon which you  
22 relied or consulted?

23 MR. COLLINS: Objection.

24 THE WITNESS: Yes.

25 Q. BY MR. SWEENEY: Are there any sources upon

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1 which you've relied or consulted that you have not cited  
2 in your report?

3 A. For the purposes of this report, no.

4 Q. All right. You reference as the basis for your  
5 experience for -- scratch that.

6 You referenced in your report as the basis for  
7 your opinions, your experiences treating gunshot wounds  
8 as well as your experience at Columbine and Aurora. Am I  
9 correct?

10 A. Yes.

11 Q. Am I correct that those experiences are the sum  
12 total of the bases that you are providing to support your  
13 opinions in this matter?

14 A. Could you ask that question again? I'm not sure  
15 I understand.

16 Q. Sure. Sure. You've -- you have just told me  
17 that there are no other sources that you relied on, and  
18 you mentioned in your report you have experiences in  
19 treating gunshot wounds, and you had experiences in  
20 connection with the shootings at Columbine and Aurora,  
21 and I'm asking, is there anything else that support the  
22 opinions in your report?

23 MR. COLLINS: Objection. Go ahead.

24 THE WITNESS: So to answer that question I have  
25 to explain that part of that experience involved not only

1       treating patients, but also multiple educational  
2       opportunities that I both taught and been involved with  
3       that build on the experience I've had over the last 25  
4       years.

5                   So I think it would be inaccurate to say that I  
6       haven't relied on any other discussions or document that  
7       I've read through that time, but if the question is: Did  
8       I rely on any documents to prepare this particular  
9       statement, the answer is no.

10       Q. BY MR. SWEENEY: Did you grow up in La Jolla?

11       A. I did.

12       Q. And that's a suburban environment, small town?

13       A. Relatively. It seems like it's getting bigger  
14       these days, but, yes, suburban San Diego I suppose would  
15       be the best way to describe it.

16       Q. While you were growing up in La Jolla were you  
17       or anyone you knew a victim of violent crime?

18       A. Other than fist to cuffs, that type of assault,  
19       nobody that I knew was a victim of a gunshot wound.

20       Q. Did you or anyone in your family own firearms  
21       when you were growing up?

22       A. No. I should say, my grandfather and my father  
23       had hunting rifles stored in our cabin at Michigan so we  
24       didn't have them in the house.

25       Q. All right. Did you have any experience with

1       whether that was peer reviewed or non-peer reviewed, but  
2       I did --

3           Q.    It's in your list as peer reviewed.

4           A.    Right.

5           Q.    And if that was reliably put together at the  
6       time, I hope we can both rely upon it as having been in a  
7       peer reviewed journal. It appears in Emergency Medicine  
8       Reports, the Practical Journal for Emergency Physicians.

9           A.    And which number are you referring to?

10          Q.    In your CV, it's number 25.

11          A.    Yes. So, yes, it would be under Peer  
12       reviewed.

13           MR. SWEENEY: All right. And let's mark this as  
14       Exhibit 5 for this deposition, please.

15           (Exhibit 5 was marked for identification.)

16          Q.    BY MR. SWEENEY: And you're the lead author of  
17       this article, correct?

18          A.    Yes.

19          Q.    Unlike the bomb article we were just discussing?

20          A.    Correct.

21          Q.    And this is

22       a catalog of various less lethal force mechanisms  
23       typically -- well, scratch typically -- used by law  
24       enforcement, correct?

25          A.    Yes.

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1 rifles. It was at the Hague Peace Conference of 1899 in  
2 which a treaty was signed which forbade the use of  
3 bullets which deformed once they struck a target.

4 Can you see that?

5 A. That's what that says, yes.

6 Q. Is it your understanding that military assault  
7 rifles fire primarily full metal jacket bullets?

8 A. I don't know that.

9 Q. You don't know. And the next sentence says that  
10 this was to decrease the amount of gross morbidity and  
11 mortality during wartime. Do you see that?

12 A. I do.

13 Q. Would you agree that the use of full  
14 metal jacket bullets will decrease the amount of gross  
15 morbidity and mortality from gunshot wounds compared to  
16 other construction or design of bullets?

17 MR. COLLINS: Objection.

18 THE WITNESS: I don't know that.

19 Q. BY MR. SWEENEY: All right. You do agree that  
20 the full metal jacket will minimize the deformation of  
21 the bullet at high velocities and when it strikes tissue,  
22 correct?

23 A. I understand that's what it was designed for. I  
24 wouldn't call myself a ballistics expert. So I  
25 wouldn't be able to answer that definitively.

1 Q. And let me just -- while we're there, you're not  
2 an expert in ballistics generally, correct?

3 A. Correct.

4 Q. And you're not an expert in wound ballistics  
5 either, are you?

6 MR. COLLINS: Objection.

7 THE WITNESS: When you say "wound ballistics,"  
8 what do you mean?

9 Q. BY MR. SWEENEY: Specifically the study  
10 of wounds caused by bullets.

11 A. Other than treating those wounds, no.

12 Q. And have you done any special research on  
13 gunshot wounds caused by bullets?

14 MR. COLLINS: Objection.

15 THE WITNESS: No.

16 Q. BY MR. SWEENEY: Have you performed any studies  
17 on gunshot wounds caused by bullets?

18 A. No.

19 Q. On the next page the first full paragraph refers  
20 to soft-nose and hollow point bullets. Is it your  
21 understanding that those are commonly used in handguns?

22 A. I wouldn't argue with that statement, but I  
23 wouldn't know specifically if it's more commonly used in  
24 handguns versus other weapons.

25 Q. All right. And it goes on to say those bullets

1 MR. COLLINS: Objection.

2 THE WITNESS: Not specifically asked about the  
3 type of wound, but asked to give my experience in  
4 treating a wound where it was clear what type of weapon  
5 was used.

6 Q. BY MR. SWEENEY: All right. Have you ever given  
7 an opinion as an expert or as a treating physician on  
8 what type of firearm was used based upon your  
9 observations from treating the wound?

10 MR. COLLINS: Objection.

11 THE WITNESS: No. Not specifically on the type  
12 based on wound. No.

13 Q. BY MR. SWEENEY: All right. And in every case  
14 where you were able to identify what kind of firearm was  
15 used, it's because someone told you what kind of firearm  
16 was used, correct?

17 A. I would say certainly for the large majority, as  
18 with the case of Columbine I did see the weapon.  
19 Although, in all honesty, when I saw the weapon I was not  
20 able to say that was a TEC-DC9.

21 Q. All right. Other than your experience  
22 in emergency medicine, do you have any special education  
23 or training in treating gunshot wounds?

24 MR. COLLINS: Objection.

25 THE WITNESS: Outside of my role as an emergency

1 consider yourself an expert in?

2 A. I'm not sure that that particular area has  
3 expertise or non-expertise, other than in my world,  
4 treating those, I would classify myself as an expert in  
5 evaluating those wounds. I'm not sure I would classify  
6 myself as an expert in determining a trajectory.

7 Q. All right. Have you ever given an opinion in a  
8 court proceeding, at deposition, or at trial with respect  
9 to the trajectory of a bullet in any of the gunshot  
10 wounds that you've treated?

11 MR. COLLINS: Objection.

12 THE WITNESS: I don't recall a specific event.  
13 I will sometimes get a question of, did this wound  
14 represent potentially serious bodily injury  
15 and/or life-threatening issues, and so I will then be  
16 asked to say if my answer is yes, why, and oftentimes  
17 part of that explanation is this was in the vicinity or  
18 directly impacting a significant organ vessel, something  
19 that would represent a life threat.

20 Q. BY MR. SWEENEY: When you were able to  
21 personally observe the bullet used to cause the gunshot  
22 wound that you were treating, were you able to  
23 identify it -- the type of bullet it was as full metal  
24 jacketed, soft-point, hollow point, et cetera?

25 A. I was not myself, no.

1           Q. All right. Is that something you're capable of  
2 doing based on your expertise?

3           A. No.

4           Q. And have you treated -- in the thousands of  
5 patients with gunshot wounds that you treated, how many  
6 of them had multiple wounds from multiple bullets?

7           A. I don't have an absolute number for you. There  
8 were more with single wounds than with multiple wounds,  
9 but there were a number with multiple wounds.

10          Q. And when they're multiple wounds, some of them  
11 may be exit wounds as opposed to entrance wounds where  
12 the bullet actually left the body as opposed to the wound  
13 where the bullet entered the body, correct?

14          A. That is true. We have to be careful about that  
15 from a medical perspective, because when we -- first of  
16 all, we don't seem to be particularly good, according to  
17 literature at determining what was an entering and exit  
18 wound as a global profession; and, number 2, often my  
19 message when teaching about these issues, if you assume  
20 it's only one bullet you have the risk of missing  
21 something, if you assume it was two, and treated it as  
22 such, you're less likely to miss something.

23           So there are times when in retrospect it turns  
24 out to be, as you've described, but we often need to when  
25 we see two wounds assume that it's multiple areas. Other

1 that you have treated?

2 A. Handed them immediately to law enforcement.

3 Q. Right. And you've never retained any of those  
4 bullets, correct?

5 A. No.

6 Q. Have you made any study of the ballistics  
7 analysis of any of the bullets that were removed from the  
8 patients for which you've treated gunshot wounds?

9 MR. COLLINS: Objection.

10 THE WITNESS: I'm sorry. I missed the first  
11 part.

12 Q. BY MR. SWEENEY: Have you ever done a study of  
13 the ballistic analysis of any bullets that were removed  
14 from the patients who you treated with gunshot wounds?

15 MR. COLLINS: Objection.

16 THE WITNESS: So I haven't done a study of that.  
17 I've read some of the analysis but, no, I have not done a  
18 study of those.

19 Q. BY MR. SWEENEY: All right. Do you have any  
20 listing of the number of patients that you've treated  
21 with gunshot wounds?

22 A. No.

23 Q. And have you made any notes and recorded the  
24 different characteristics of the wounds for each of those  
25 over a thousand patients that you've treated with gunshot

1       wounds?

2           A.    No.

3           Q.    When you removed a bullet from a wound, and you  
4       have on more than one occasion, were you able to identify  
5       the caliber based upon your observation of it?

6           A.    No.

7           Q.    Recalling your time spent at St. Joseph's --

8           A.    (Nods head.)

9           Q.    -- can you estimate how many gunshot wounds you  
10      treated there -- how many patients with gunshot wounds  
11      you treated while you were at St. Joseph's?

12          A.    I was there for two years and probably saw  
13      anywhere between 10 and 15 patients total.  We weren't  
14      the designated level one trauma center there, so we were  
15      less likely to get gunshot wounds but we did get them.

16          Q.    All right.  And do you recall any breakdown of  
17      the types of firearms that you understood to have been  
18      used in those 10 to 15 gunshot wounds that you treated at  
19      St. Joseph's?

20          A.    Most of them were shotgun injuries and/or  
21      hunting rifles with one exception.

22          Q.    And that's in New Hampshire, correct?

23          A.    No.  That was in Ann Arbor or actually  
24      Ypsilanti, spelled with a Y.

25          Q.    All right.

1 Q. BY MR. SWEENEY: Have you ever provided a report  
2 prior to this case as an expert on different kinds of  
3 wounds caused by different kinds of firearms?

4 A. No.

5 Q. And you've never given a deposition or testified  
6 in court on the different kinds of wounds caused by  
7 different kinds of firearms differentiating one from the  
8 other?

9 A. No.

10 Q. And you've never been qualified on that  
11 particular subject as an expert by any court, correct?

12 MR. COLLINS: Objection.

13 THE WITNESS: And by the particular subject, you  
14 mean different kinds of wounds from different kinds of  
15 weapons?

16 Q. BY MR. SWEENEY: Yes.

17 A. Not in that particular area. No.

18 Q. All right. You're an expert in the delivery of  
19 emergency medical services, correct?

20 A. Yes.

21 Q. And you're board certified in that area?

22 A. I am, and to be clear, because sometimes they  
23 use the word "interchangeably." There's emergency  
24 medicine and there's emergency medical services.  
25 Emergency medical services typically refers to the

1           A.    Correct.

2           Q.    Because I'm not very good at what I do.

3           A.    But I would say that in some cases I  
4    have experienced the psychologic effects in ways that  
5    many others haven't. I'm not a psychiatrist, but have  
6    dealt with many of the psychologic issues that are  
7    addressed in the emergency department.

8           So I would have trouble saying no if you say  
9    that's the total extent of the expertise, but similar to  
10   what your previous question had been, it would be related  
11   to what I do in the emergency department.

12          Q.    All right. And you say: I've been retained by  
13    the defendants in this case to provide expert testimony  
14    on my experience treating victims of gunshot wounds; is  
15    that correct?

16          A.    Yes.

17          Q.    Is that what you've been retained to do?

18          A.    Yes.

19          Q.    I think we covered it, but just to be clear, in  
20    reviewing the peer reviewed journal articles, you haven't  
21    done any on gunshot wounds due to assault weapons,  
22    correct?

23          A.    I don't believe so. No.

24          Q.    And, actually, you haven't done any peer  
25    reviewed journal articles on gunshot wounds generally,

1 correct?

2 MR. COLLINS: Objection.

3 THE WITNESS: Correct. We discussed a few areas  
4 that touched on things, as you pointed out, but no  
5 specific peer reviewed articles addressing gunshot  
6 wounds.

7 Q. BY MR. SWEENEY: And while we have your CV in  
8 front of you, if you turn to invited lectures,  
9 presentations, and visiting professorships, those  
10 are basically speaking opportunities that you've had over  
11 the years, correct, Doctor?

12 A. Yes. In a variety of different settings. Some  
13 of them educational, big conferences, smaller  
14 conferences, pre-hospital, emergency medicine, many  
15 different venues, but yes.

16 Q. And you haven't written any peer reviewed  
17 journal articles or invited articles related to your  
18 experiences at Columbine or Aurora, correct?

19 A. I believe at some point in some of the invited  
20 articles I've referenced that, but I haven't written  
21 specific articles just about that issue.

22 Q. All right. And you haven't made any study by  
23 systematically reviewing the firearms, the nature of the  
24 wounds, or the bullets used at Columbine or Aurora, have  
25 you?

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1 Q. And of those eight or nine patients, how many of  
2 them had gunshot wounds?

3 A. All of those did.

4 Q. All right. So some patients arrived a day or  
5 two later with gunshot wounds. Is that --

6 A. At least one did -- transferred from another  
7 facility. So they were seen initially at another  
8 facility and then transferred -- we were the level one  
9 trauma center -- to us as the regional level one trauma  
10 center.

11 Q. Did any of the eight or nine patients that you  
12 saw at Denver Health from the Aurora shootings have  
13 multiple gunshot wounds?

14 A. Yes.

15 Q. How many?

16 A. At least one.

17 Q. Okay.

18 A. I don't recall exactly how many.

19 Q. Were you able to tell from your treatment of  
20 those individuals what type of firearm had caused their  
21 gunshot wounds?

22 MR. COLLINS: Objection.

23 THE WITNESS: From that treatment, no.

24 Q. BY MR. SWEENEY: All right. Did you remove any  
25 bullet or bullet fragments from those eight or nine

1 patients?

2 A. No.

3 Q. And did you see any bullets or bullet fragments  
4 removed from those patients?

5 A. No.

6 Q. And did you receive any information about the  
7 type of firearms that were used in those shootings?

8 A. From law enforcement, yes.

9 Q. And what were you told?

10 A. I was told that at least one of the weapons was  
11 an AR victim.

12 Q. Was it your understanding that there was more  
13 than one weapon used?

14 A. Yes.

15 Q. And do you know what the other weapons were?

16 A. No. I was told at the same time, but I don't  
17 recall.

18 Q. All right. And you don't know which of those  
19 different weapons were used to make the gunshot wounds in  
20 the patients you treated from the Aurora shootings,  
21 correct?

22 A. No.

23 Q. If I could turn your attention to page 12 of  
24 that report.

25 A. Not Roman numeral 12, regular page?

1 Q. On page 12, Arabic 12, yeah. This is a  
2 reference to the --

3 MR. COLLINS: I don't think we're on the same  
4 page.

5 Q. BY MR. SWEENEY: -- facts surrounding the  
6 attack.

7 A. Attack starts?

8 Q. Right.

9 MR. COLLINS: Oh.

10 Q. BY MR. SWEENEY: At the bottom of the page it  
11 says: The shooter carried into the theater a shotgun,  
12 AR-15 style semiautomatic rifle, and a .40 caliber  
13 semiautomatic handgun, correct?

14 A. Yes.

15 Q. It then skipping a sentence, it says: He first  
16 opened fire with a shotgun firing six shells until he  
17 exhausted its ammunition. Do you see that?

18 A. Yes.

19 Q. How many shotgun pellets would have been shot  
20 into the crowd by him firing six shotgun shells?

21 A. I don't know.

22 Q. Dozens, if not hundreds, of pellets?

23 A. I would imagine.

24 Q. All right. And depending upon the size of shot,  
25 they can be almost the same diameter as a .223 round

1 typically used in an AR-15, correct?

2 A. So my experience has been that the shotgun  
3 pellets are far smaller, and that the AR-15 wounds have  
4 been bigger and far more substantial.

5 Q. But you don't know if you were treating shotgun  
6 wounds or AR-15 wounds from the patients you saw from the  
7 Aurora shootings?

8 A. No. I don't recall any of the wounds that  
9 looked like shotgun wounds or pellets, but I can't tell  
10 you specifically what weapon was used.

11 Q. All right. It also says he fired five rounds  
12 from the handgun on the next page, correct?

13 A. Yes.

14 Q. So you don't know whether or not any of the  
15 wounds you treated were caused by a .40 caliber handgun,  
16 correct?

17 A. I don't.

18 Q. And he did fire it says .65 -- at  
19 least .65 high-velocity rounds from a magazine that was  
20 AR-15. Do you see that?

21 A. Yes.

22 Q. So that may or may not have been more bullets  
23 from the AR-15 than he fired in terms of total number of  
24 shotgun pellets and handgun rounds, correct?

25 A. It may or may not have been.

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1 We transported ultimately 24 from the scene, and I  
2 believe all of them had been gunshot wounds, but I don't  
3 know for certain that those were the only ones  
4 and/or that they weren't at least one of the patients  
5 that we saw in triage may have been transported by  
6 ambulance as well that had fallen and injured their ankle  
7 very badly.

8 Q. So of the 24 or so individuals that were  
9 transported with what you believe to have been gunshot  
10 wounds, could some of them have been shrapnel wounds?

11 A. Some of those could have been shrapnel wounds.

12 Q. And do you have any real way of quantifying  
13 which one of those were shrapnel wounds and which were  
14 gunshot wounds under the circumstances in your ability to  
15 observe that day?

16 A. No. I remember specifically seeing some  
17 injuries that we've ultimately designated to non-trauma  
18 centers that could have been maybe a shotgun pellet or  
19 shrapnel injuries.

20 Q. All right. And were you able to tell from your  
21 observation of the wounds, on the 24 or so transported,  
22 what type of firearm had caused their wounds, if in fact  
23 they were gunshot wounds?

24 A. No. In 1999 my experience was far less.

25 Looking back on it now, there are wounds that we saw

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1 there that were very consistent with wounds that I know  
2 to have been from assault weapons, but at the time I  
3 certainly wasn't able to and couldn't even now say this  
4 was definitely a TEC-DC9 or other weapon, but some of  
5 those wounds were consistent with what I have seen from  
6 assault weapons.

7 Q. What do you understand were being used by the  
8 shooters in Columbine for firearms?

9 A. I understood that they had TEC-DC9 and sawed-off  
10 shotguns. I don't know what other weapons they had.

11 MR. SWEENEY: I think the sheriff can help us  
12 there. Let's mark this as Exhibit 16, please.

13 (Exhibit 16 was marked for identification.)

14 Q. BY MR. SWEENEY: Now, I've marked a four-page  
15 document that I printed off the Jefferson County,  
16 Colorado, Sheriff's website titled How They Were Equipped  
17 That Day. Have you seen this before?

18 A. I have seen many of these pictures before,  
19 certainly the one in the cafeteria, and I have seen this  
20 picture before, yes.

21 Q. This picture being the first page which shows a  
22 sawed-off shotgun and a TEC-DC9 identified as Klebold  
23 Weapons and a sawed-off shotgun and a high .9 millimeter  
24 carbine identified as Harris Weapons. That's the picture  
25 you've seen before?

1           A. Yes.

2           Q. And the narrative talks about the use of the  
3        firearms over the course of the shootings, and the final  
4        page is a chart that shows the rounds that were fired in  
5        different locations by different shooters. Are you  
6        familiar with that chart?

7           A. No.

8           Q. All right. Now, is it -- how many people were  
9        killed that day?

10          A. Fifteen, if you include the two shooters.

11          Q. And of the 13 non-shooters, two were killed  
12        outside the library -- I mean outside the cafeteria?

13          A. Outside the building, yes.

14          Q. Outside the building. And so where it says  
15        outside we see that there were two shotgun rounds shot  
16        outside, but 50 .9 millimeter rounds shot outside,  
17        correct? Am I reading that chart correctly?

18          A. Outside, 2 by Klebold is the 2 I see.

19          Q. Right. Two shotgun rounds, and then adding the  
20        Harrison and Klebold .9 millimeter rounds outside  
21        together, I had about 50 there.

22          A. Oh, it's 47 plus 3, okay, yes, 50.

23          Q. All right. And the narrative talks  
24        about the rifle as being a high .9 millimeter carbine  
25        rifle, correct?

1 A. I believe so, yes.

2 Q. That was used by Harris?

3 A. Harris.

4 Q. And do you know if that's an assault weapon?

5 MR. COLLINS: Objection.

6 THE WITNESS: I don't know that.

7 Q. BY MR. SWEENEY: And do you know if it's banned  
8 in Massachusetts?

9 A. I don't.

10 Q. You would agree with me it's not on the list of  
11 enumerated firearms that are banned?

12 A. You're referring to the enforcement notice that  
13 I referred to earlier?

14 Q. Yes, I am.

15 A. And I don't see it listed on the enumerated  
16 weapons.

17 Q. All right. And the TEC-DC9 is identified as a  
18 .9 millimeter semiautomatic handgun, correct? That's at  
19 the top of the -- the second paragraph on page 3.

20 A. TEC-DC9, .9 millimeter semiautomatic handgun,  
21 yes.

22 Q. Is that your information with respect to the  
23 firearm that was used by Klebold in addition to his  
24 sawed-off shotgun?

25 A. Yes. It didn't come from this document, but